PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fec notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
20575 7590 07/17/2009 MARGER JOHNSON & MCCOLLOM, P.C. 210 SW MORRISON STREET, SUITE 400 PORTLAND, OR 97204				have its own certificate of finalling or transmission. Certificate to finalling or Transmission Certificate of Mailing or Transmission I breby certify that this Percol Transmittal is being deposited with the United States Postal Service with sufficient postage for first risks mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (71) 277-2885, on the date indicated below.		
			Г			(Depositor's name)
				(Signature)		
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			TTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,980	12/22/2003		Mehryar Khalili Garakani		ani 2705-316 9036	
TITLE OF INVENTION: 1 SUPPORT V.34 FAX MOI		ONNECTING V.34 FAX	MACHINES VIA FAX R	ELAY GATEWAYS	WHICH ARE NOT ADAI	PTED TO
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	10/19/2009
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
WORKU, NE		2625	358-407000			
I. Change of correspondenc CFR 1.363). Change of correspon Address form PTO/SB/I. Fee Address' indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Cha 22) attached. tion (or "Fee Address' or more recent) attach	nge of Correspondence Indication form ed. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of a single firm (having as a member argustered attorneys or goal) and the names of up to 1 registered attorneys or goal) and the names of up to 2 registered attorneys or goal) are names is 3 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an statement is identified below, no assigned data will appear on the patent. If an assigned is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CISCO TECHNOLOGY, INC. SAN JOSE, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual MO Corporation or other private group entity Government						
4a. The following fee(s) are lssuc Fee Publication Fec (No s Advance Order - # of	submitted:	41	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, be Deposit Account Number 19.703 (enclose an extra copy of this form).			
5. Change in Entity Status a. Applicant claims SI NOTE: The Issue Fee and Printerest as shown by the reco	MALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status. See 37 CF red attorney or agent; or the	
Authorized Signature	JULIE L. R			Date OCT	OBER 12, 2009	
Typed or printed name	Ju	lie L. Reed		Registration No.	35,349	
This collection of information an application. Confidentiali submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-	in is required by 37 Ct ty is governed by 35 phication form to the for reducing this bure mia 22313-1450. DO 1450.	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND PEES OR C	in is required to obtain or in 1.14. This collection is esti depending upon the indivi chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 min dual case. Any comm , U.S. Patent and Tra THIS ADDRESS. S	public which is to file (and tutes to complete, including nents on the amount of tim demark Office, U.S. Depar END TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010. OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.